

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OKLAHOMA**

<b>(1) John James Feary,</b>	)	
	)	
<b>Plaintiff,</b>	)	
	)	
<b>vs.</b>	)	<b>Case No. 12-cv-00477-CVE-TLW</b>
	)	
<b>(1) America's Recovery Solutions, LLC,</b>	)	
<b>an Ohio Limited Liability Company,</b>	)	
	)	
<b>Defendant.</b>	)	

**SUPPLEMENTAL CERTIFICATE OF SERVICE**

The undersigned hereby states that on October 25, 2012, he mailed the Motion for Default Judgment filed October 25, 2012 [Document No. 9] by first class, U. S. Mail and also by certified mail, return receipt requested, on the following, who are not registered participants on the ECF system and obtained service as reflected in the green card receipts attached hereto:

America's Recovery Solutions, LLC  
c/o Incorp Services, Inc.  
9435 Waterstone Boulevard, Suite 140  
Cincinnati, OH 45249

America's Recovery Solutions, LLC  
Attn: Skip Foster, President & CEO  
7550 Lucerne Drive, Suite 207  
Middleburg Heights, OH 44130

America's Recovery Solutions, LLC  
Attn: Ed Heartstedt  
7550 Lucerne Drive, Suite 207  
Middleburg Heights, OH 44130

Respectfully submitted,

**MorrelSaffaCraig, P.C.**


/s/Mark A. Craig  
**Mark A. Craig**, OBA No. 1992  
3501 South Yale Avenue  
Tulsa, Oklahoma 74135-8014  
918.664.0800 Telephone Number  
918.663.1383 Facsimile Number  
email address: mark@law-office.com  
*Attorney for Plaintiff, John J. Feary*

7010 2780 0003 1578 7756

U.S. Postal Service *Green / mmca / sa*  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
*Am Rec Solutions, C/o Incorp Succ*  
 Street, Apt. No.,  
 or PO Box No. *9435 Waterstone Blvd Ste 140*  
 City, State, ZIP+4<sup>®</sup>  
*Cincinnati OH 45249*

PS Form 3830, August 2003 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X Paula Peel</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>America's Recovery Solutions</i> <i>C/o Incorp Succ Inc LLC</i> <i>9435 Waterstone Blvd</i> <i>Ste 140</i> <i>Cincinnati OH 45249</i>		B. Received by (Printed Name) <i>Paula Peel</i> C. Date of Delivery <i>10-29-12</i>	
2. Article Number (Transfer from service label) <b>7010 2780 0003 1578 7756</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	

102595-02-M-1540

7010 2780 0003 1578 7763

U.S. Postal Service <i>Seary/mhca/aa</i>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>11.55</i>
Postmark <i>OCT 25 2012</i>	
Sent To <i>Am Rec Solutions, Attn Ed Heartstedt</i>	
Street, Apt. No., or PO Box No. <i>7550 Lucerne Dr Ste 207</i>	
City, State, ZIP+4® <i>Middleburg Heights OH 44130</i>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X Edmund E. Heartstedt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>America Recovery Solutions LLC</i> <i>Attn Ed Heartstedt</i> <i>7550 Lucerne Dr. Ste 207</i> <i>Middleburg Heights OH 44130</i>		B. Received by (Printed Name) <i>HEARTSTEDT</i>	
		C. Date of Delivery <i>10-29-12</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7010 2780 0003 1578 7763	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



7010 2780 0003 1578 7749

U.S. Postal Service <i>Seang (mmca) aa</i>	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>America's Rec Solutions, Attn Skip Foster</i> Street, Apt. No., or PO Box No. <i>7550 LUCERNE DR Ste 207</i> City, State, ZIP+4 <i>Middleburg Heights OH 44130</i>	
PS Form 3800, August 2004 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X Edmund E Heartstead</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>America's Recovery Solutions LLC</i> <i>Attn Skip Foster, Pres/CEO</i> <i>7550 LUCERNE DR Ste 207</i> <i>Middleburg Heights OH 44130</i>		B. Received by (Printed Name) <i>HEARTSTEAD</i> C. Date of Delivery <i>10-27-12</i>	
2. Article Number- (Transfer from service label) <b>7010 2780 0003 1578 7749</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	